

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

13 CV 3831

JAMES CASSELL

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

44th Precinct 2 East 169th Street

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

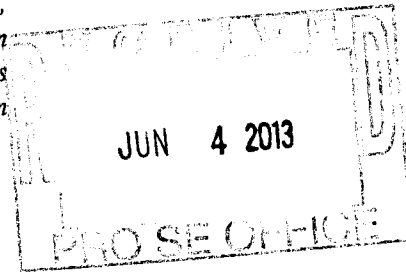
Jury Trial: ☒ Yes ☐ No

(check one)

Dr. Dora B. Schirp Commissioner  
NYC Dept. of Corrections  
75-20 Astoria Boulevard  
E. Elmhurst, NY 11370.

"I Demand a Jury  
trial with in 10 days?  
Please.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

JAMES CASSELL

ID #

2411304793

Current Institution

AMKC "Please Mail both addresses."

Address

25 Bond St 2nd Floor

Brooklyn, NY 11201.

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
Defendant No. 2	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
Defendant No. 3	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
Defendant No. 4	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
Defendant No. 5	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	

Mr. Schiano (646) 581-1017 at the  
 (CCRB) has Complaint Sheet.  
 Case 201301123.

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? In the Bronx Court house.

B. Where in the institution did the events giving rise to your claim(s) occur? Right after seeing the Judge.

C. What date and approximate time did the events giving rise to your claim(s) occur? Dec 5, 2012 and Jan 30, 2013.

D. Facts:

What happened to you?

The officers at the 4th Precinct pushed me down the stairs then beat me up slamming me against the wall.

Who did what?

The officers in the Bronx Court house jumped me, then dragged me while handcuffed down the hall then down 3 floors of stairs hitting my face on the stairs.

Was anyone else involved?

2 Captains + 3 correction officers.

Who else saw what happened?

There was a video filming it.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. 1 injury: is my back + hand (right)

2nd. injury: 2 teeth was pulled and some need fixing as well as replaced.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Bronx Court House.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

I DID NOT KNOW I HAD TO.

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

They showed  
no concern Captives + Dept's

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Please look at additional papers.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

15 million or the  
additional paper with house, autos and living  
expenses, I'll sign off the suits.

On  
these  
claims

## VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

James Cassell

Defendants

Dr. Dora B. Schriro Commissioner.

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition My Lawyer knows 718-360-0521

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Judgment in my favor.

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of May, 2013.

Signature of Plaintiff

Inmate Number

Institution Address

3411304795

18-18 HAZEN ST

E. Elmhurst, NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of MAY, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

*Sworn to before me this*  
23 *May* 2013  
CHELSEA G. TREASURE-CAMPBELL  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 04TR6140637  
QUALIFIED IN BRONX COUNTY  
COMMISSION EXPIRES JANUARY 30, 2014  
NOTARY PUBLIC

**THE  
LEGAL  
AID  
SOCIETY**

Prisoners' Rights Project  
199 Water Street  
New York, NY 10038  
T (212) 577-3530  
www.legal-aid.org

May 15, 2013

James Cassell  
241-13-04795  
AMKC  
18-18 Hazen Street  
Rikers Island  
East Elmhurst, NY 11370

Blaine (Fin) V. Fogg  
*President*

Steven Banks  
*Attorney-in-Chief*

Adriene L. Holder  
*Attorney-in-Charge*  
Civil Practice

John Boston  
*Project Director*  
Prisoners' Rights Project

Dear Mr. Cassell:

Please find enclosed the email we have sent to the Department of Correction requesting that they take necessary measures to ensure your safety when you appear at the Bronx Hall of Justice.

I hope this information is helpful to you.

Sincerely,

Agnes Baik  
Legal Assistant

\*Next Court Date\*  
May 28, 13.

My Lawyer #  
11004  
(718) 360-0527

I, James Cassell do not trust these officers 5/22/13  
they tried to kill me, they took my info out from  
D.O.C. Computers and called my house. (many times)  
my father + me had to move, my father is blind  
and I'm mentally ill, Now I'm in a shelter  
(NY) to donate these things to support  
my family. AS A Prisoner I have



**Baik, Agnes**

**To:** 'constituentservices@doc.nyc.gov'  
**Cc:** 'joel.duverge@doc.nyc.gov'; 'thomas.bergdall@doc.nyc.gov'  
**Subject:** James Cassell, 241-13-04795, AMKC

**Attachments:** 2-12 Bronx Ct assault.rtf



2-12 Bronx Ct  
assault.rtf (2 K...

James Cassell  
241-13-04795  
AMKC

I spoke to Mr. Cassell today, whose alleged assault by COs at the Bronx Hall of Justice we wrote to you about on February 12. Mr. Cassell informed me that he was recently arrested on a separate charge, and will go back to the Bronx courthouse tomorrow. He fears that he will see the COs who allegedly assaulted him, and would like to be on-camera while being transported to and from the courthouse and while he is being searched. He reported to me this had been done for him after we wrote your office in February.

Could you please ensure that appropriate steps are taken to ensure Mr. Cassell's safety? Thank you for your attention to this matter.

Agnes Baik  
Legal Assistant  
The Legal Aid Society  
Prisoners' Rights Project  
199 Water Street, 6th Floor  
New York, NY 10038  
P: 212-577-3941  
F: 212-509-8433

At Bronx LeBenon Hospital Page #2

From what my Dr. is saying I  
can't do hard labor (work) No-  
More - I can't even support my  
kids from my injuries nor my appointments  
pay going to them. I ask  
Don't 12 no .. Please



LOOK ON BACK  
Please



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings  
 Property Profile Overview

1328 CHISHOLM STREET  
 CHISHOLM STREET 1328 - 1328

BRONX 10459  
 Health Area : 2700  
 Census Tract : 153  
 Community Board : 203  
 Buildings on Lot : 1

BIN# 2010422  
 Tax Block : 2972  
 Tax Lot : 23  
 Condo : NO  
 Vacant : NO

[View DCP Addresses...](#) [Browse Block](#)

[View Zoning Documents](#) [View Challenge Results](#) [View Certificates of Occupancy](#)

<b>Cross Street(s):</b>	FREEMAN STREET, JENNINGS STREET		
<b>DOB Special Place Name:</b>			
<b>DOB Building Remarks:</b>			
<b>Landmark Status:</b>		<b>Special Status:</b>	N/A
<b>Local Law:</b>	NO	<b>Loft Law:</b>	NO
<b>SRO Restricted:</b>	NO	<b>TA Restricted:</b>	NO
<b>UB Restricted:</b>	NO		
<b>Little 'E' Restricted:</b>	N/A	<b>Grandfathered Sign:</b>	NO
<b>Legal Adult Use:</b>	NO	<b>City Owned:</b>	NO
<b>Additional BINs for Building:</b>	NONE		

**Special District:** UNKNOWN

This property is not located in an area that may be affected by Tidal Wetlands, Freshwater Wetlands, or Coastal Erosion Hazard Area. [Click here for more information](#)

**Department of Finance Building Classification:** CO-WALK-UP APARTMENT

**Please Note:** The Department of Finance's building classification information shows a building's tax status, which may not be the same as the legal use of the structure. To determine the legal use of a structure, research the records of the Department of Buildings.

	Total	Open	<a href="#">Elevator Records</a>
<a href="#">Complaints</a>	0	0	<a href="#">Electrical Applications</a>
<a href="#">Violations-DOB</a>	0	0	<a href="#">Permits In-Process / Issued</a>
<a href="#">Violations-ECB (DOB)</a>	0	0	<a href="#">Illuminated Signs Annual Permits</a>
<a href="#">Jobs/Filings</a>	0		<a href="#">Plumbing Inspections</a>
<a href="#">ARA / LAA Jobs</a>	1		<a href="#">Open Plumbing Jobs / Work Types</a>
<a href="#">Total Jobs</a>	1		<a href="#">Facades</a>
<a href="#">Actions</a>	3		<a href="#">Marquee Annual Permits</a>
			<a href="#">Boiler Records</a>
			<a href="#">DEP Boiler Information</a>
			<a href="#">Crane Information</a>
			<a href="#">After Hours Variance Permits</a>

OR Enter Action Type:  
 OR Select from List:  
 Select...

AND

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

5/12/13 10:00 AM B2S (Held)

MELEDES: 665 AM

1012 513 H

Black  
Bath.

\* 500,000.00

HLL

Donated

By New York

STATE.

NY State  
TIS-301-0527

Thank You.  
JAMES CASSIDY





## Bronx-Lebanon Hospital Center Health Care System

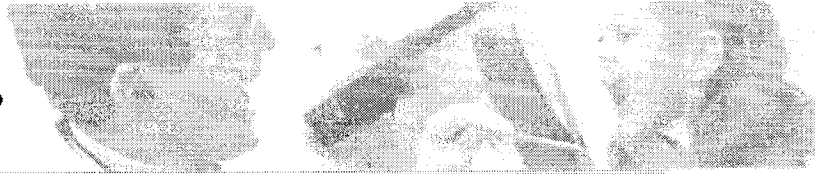
*Doctor to the Community*

[HOME](#) [ABOUT US](#) [HIGHLIGHTS](#) [OUR SERVICES](#) [FUTURE DIRECTIONS](#) [BronxCare NETWORK](#) [PHYSICIANS](#) [NURSING](#)

[SPECIAL CARE CENTER](#) [JOB OPPORTUNITIES](#) [DIRECTIONS](#) [CONTACT US](#) [CONTRIBUTIONS](#)

[Para Español cliq aqui...](#)

# Contact Us



### Patient Relations:

To file a compliment, complaint, or to obtain information on how to contact an external or accrediting agency, please call the office of Patient Relations at 718- 960-1272.

### Email:

Feedback, comments, and important information [ecsvp@erols.com](mailto:ecsvp@erols.com).

### 99-Bronx Call Center:

718-99-BRONX important assistance in accessing the Bronx-Lebanon Hospital Center Health Care System.

### Patient Information:

Main Number 718-590-1800  
Emergencies  
Adult 718-518-5046  
Pediatrics 718-518-5110  
Psychiatry 718-901-8222  
Admitting 718-518-5546  
Patient Information 718-590-1800  
Patient Relations 718-960-1272  
Medical Education 718-579-3911  
Nursing Services 718-518-5225  
Long Term Care Facilities  
Special Care Center 718-579-7000  
Highbridge Woodycrest Center 718-293-3200  
Public Relations 718-901-8596  
Community Relations 718-960-4490  
Volunteer & Training Services 718-901-8048  
Physician Referral Service 718-99-BRONX

### Other Information:

718-FAMILY1

Main Number 718-590-1800  
Adult Emergencies 718-518-5046  
Pediatric Emergencies 718-518-5110  
Psychiatric Emergencies 718-901-8222  
Admitting 718-518-5546  
Patient Information 718-590-1800  
Patient Relations 718-960-1272  
Medical Education 718-579-3911

Nursing Services 718-518-5225  
Long Term Care Facilities  
Special Care Center 718-579-7000  
Highbridge Woodycrest Center 718-293-3200  
Public Relations 718-901-8596  
Community Relations 718-960-4490  
Volunteer & Training Services 718-901-8048  
Physician Referral Service 718-99-BRONX

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Payment Instructions for:

CASSELL

(Last Name)

JAMES

(First Name)

**YOU HAVE BEEN ORDERED BY THE COURT TO PAY A TOTAL OF:**

\$ 50 per MONTH

Starting Date 5-15-2013

Account No. NX6223821

Docket No. F23257/12

Please read your court order to verify the docket number, amount to be paid, how, when and for whom it is to be paid. Also note your account number. It must be included on all payments and correspondence.

**WAGE/INCOME  
WITHHOLDING  
BY INCOME  
EXECUTION**

Unless otherwise stated on the court order, your child support payments, including arrears established in court, will be payroll deductions made by your employer/income payer under terms of an **Income Execution** (also called a Notice to Withhold Income) issued by the Support Collection Unit (SCU). **Until payments are deducted from your paycheck/income, you are responsible for sending the payments to the address below.**

**ADDITIONAL  
WITHHOLDING**

An **additional amount, over the court-ordered support** indicated above, will be withheld from your wages/income if your order includes retroactive support or you owe arrears. This "past-due support" is **fully due and payable immediately**. Therefore, the Support Collection Unit must, by law, add an additional amount to your court-ordered support in order to collect past-due support (subject to consumer credit protection limitations, or those in New York State Social Services Dept. Regulations, Section 347.9). If your order includes a current order amount, the additional amount will be 50% of the order amount. Shortly, you will receive a written explanation of the calculation of the additional amount, if any, affecting your order.

**NO WAGE/INCOME  
WITHHOLDING**

If there is no withholding, you are responsible for making **all** payments and sending them to the address below. You must begin making these payments immediately, in accordance with the "starting date" of your order. Failure to do so may result in enforcement actions. (If withholding **does not** affect your order, in approximately six weeks, you will begin receiving payment coupons by mail. **Attach a payment coupon to each payment to expedite identification and crediting of your payments.**)

**HOW TO PAY**

Mailed payments must be made by **certified check or money order**, payable to "NYS Child Support Processing Center." **Do not send personal checks. Do not send cash by mail.** Cash payments may be made at participating **Western Union** Agents. Bring a payment coupon, which can be downloaded at [newyorkchildsupport.com](http://newyorkchildsupport.com), for quick identification of your account.

**IDENTIFY YOUR  
PAYMENTS**

To ensure proper credit, clearly print your account number, name, address, docket number and county name on the front of every check or money order. You are responsible for payments beginning with the starting date shown above.

**MAIL PAYMENTS  
TO:**

**NYS Child Support Processing Center  
P.O. Box 15363  
Albany, New York 12212-5363**

**CHANGE IN  
CIRCUMSTANCE,  
ADDRESS OR  
EMPLOYER**

If you are unable to make payments as ordered, you **must** file a petition at Family Court to modify the order. Bring documentation of your change in circumstances. You **are required by law** to notify the Support Collection Unit **in writing**, at the address below, of any changes in your address or employer:

Support Collection Unit  
P.O. Box 818, Canal Street Station  
New York, NY 10013

**QUESTIONS**

Call the NYS Customer Service Help Line number (888) 208-4485, weekdays between 8:30 a.m. & 5:00 p.m. or come to our Customer Service Walk-In Center at 151 West Broadway in Manhattan. Please have your account number available.

Instrucciones de pago para: \_\_\_\_\_  
(Apellido) (Nombre)**EL TRIBUNAL HA ORDENADO QUE USTED PAGUE UN TOTAL DE:**

\$ \_\_\_\_\_ por \_\_\_\_\_ Fecha de inicio \_\_\_\_\_

No. de cuenta \_\_\_\_\_ No. de Causa \_\_\_\_\_

Por favor lea su orden del tribunal para comprobar el número de causa, el monto que se debe pagar, cómo, cuándo y a quién debe pagarse. También fíjese en su número de cuenta. Ésta debe incluirse en todos los pagos y correspondencia.

**RETENCIÓN DE  
SUELDO/INGRESO  
POR EJECUCIÓN DE  
UNA ORDEN**

A menos que se indique lo contrario en la orden de tribunal, sus pagos de sustento de menores, incluyendo los montos atrasados establecidos en el tribunal, se harán a través de deducciones que su empleador/pagador de ingresos hará bajo los términos de una **orden de ejecución respecto a los ingresos** (también conocida como Aviso de retención de ingresos) que la Unidad de Cobro de Sustento (SCU, Support Collection Unit) emitirá. **Hasta que los pagos se deduzcan de su cheque de sueldo/ingresos, usted es responsable de enviar los pagos a la dirección de más abajo.**

**RETENCIÓN  
ADICIONAL**

Un **monto adicional**, además del monto de sustento ordenado por el tribunal que se indica arriba, será retenido de su sueldo/ingresos si su orden incluye montos de sustento retroactivos o si debe montos atrasados. Este "monto de sustento atrasado" **vence ahora y debe pagarse inmediatamente**. Por consiguiente, la Unidad de Cobro de Sustento por ley debe agregar un monto adicional a su orden de sustento de menores ordenada por el tribunal con el fin de recolectar el sustento moroso (sujeto a las limitaciones de protección de crédito del consumidor o de aquellas en la Sección 347.9 del Reglamento del Departamento de Servicios Sociales del estado de Nueva York). Si su orden incluye un monto de una orden actual, el monto adicional será el 50% del monto de la orden. Muy pronto recibirá una explicación escrita de los cálculos del monto adicional, si lo hubiere, que afectan su orden.

**NO HAY  
RETENCIÓN DE  
SUELDO/INGRESOS**

Si no hay retención, usted es responsable de hacer **todos** los pagos y de enviarlos a la dirección de abajo. Debe comenzar a hacer estos pagos inmediatamente, según la "fecha de inicio" de su orden. Si no lo hace, se tomarán medidas para hacerlo cumplir. (Si la retención **no** afecta su orden, en aproximadamente seis semanas, empezará a recibir cupones de pago por correo. **Adjunte un cupón de pago a cada pago para facilitar la identificación y acreditar sus pagos.**)

**CÓMO PAGAR**

Los pagos enviados por correo deberán hacerse con **cheque certificado o giro postal**, a la orden de "NYS Child Support Processing Center". **No envíe cheques personales. No envíe dinero en efectivo por correo.** Los pagos en efectivo pueden hacerse con los agentes **Western Union** participantes. Traiga un cupón de pago, que puede descargarse de la página [newyorkchildsupport.com](http://newyorkchildsupport.com), para la identificación rápida de su cuenta.

**IDENTIFIQUE  
SUS PAGOS**

Para asegurar que se acredite correctamente el pago, escriba claramente su número de cuenta, nombre, dirección, número de caso y nombre del condado en la parte delantera de todo cheque o giro postal. Es responsable de hacer los pagos a partir de la fecha de inicio que se señala arriba.

**ENVÍE LOS PAGOS  
A:**

**NYS Child Support Processing Center  
P.O. Box 15363  
Albany, New York 12212-5363**

**CAMBIO EN  
CIRCUNSTANCIAS,  
DIRECCIÓN O  
EMPLEADOR**

Si no puede hacer los pagos como se ha ordenado, **debe** presentar una petición en el Tribunal de lo Familiar para modificar la orden. Traiga los documentos de su cambio de circunstancias. **Por ley se requiere que usted** notifique a la Unidad de Cobro de Sustento **por escrito**, a la dirección de abajo, sobre cualquier cambio en su dirección o empleador:

Support Collection Unit  
P.O. Box 818, Canal Street Station  
New York, NY 10013

**PREGUNTAS**

Llame al número de la línea de Servicios al Cliente del estado de Nueva York al (888) 208-4485, los días de semana entre las 8:30 a. m. y 5 p. m. o venga a nuestra Oficina de Servicios al Cliente ubicada en el



# Kelly brushes off cop suits

BY GHELIA ROSE MARCIUS,  
ROCCO PARASCANDOLA  
and BARRY PADDOCK  
NEW YORK DAILY NEWS

POLICE Commissioner Raymond Kelly blasted critics calling for the NYPD to monitor, successful lawsuits against cops in the wake of a Daily News investigation

"The city is too willing to settle the cases," Kelly said Sunday, when asked about the front-page story detailing the rising number of lawsuits and settlements involving NYPD officers. "We need a lot more trials and efforts to determine the true facts in many of these allegations."

The News reported that Kelly promoted a Brooklyn North Narcoics sergeant, Daniel Sparta, to lieutenant despite at least 15 lawsuits involving him that resulted in nearly \$500,000 in settlements. Kelly called the News story "unfair."

"There are certain units that are going to, just by the nature of their activities, generate excess-

sive civilian complaints and lawsuits," he said. But Councilman Peter Vallone Jr., head of the Council's Public Safety Committee and a steady supporter of Kelly's, said more oversight is needed.

"The Police Department absolutely needs to be looking at these settlements — not only to save the city money but to get cops who are trouble off the street," Val-

lone (D-Queens) said. City controller and mayoral candidate John Liu pressed for scrutiny of the suits in his latest annual report.

"If there aren't changes and the claims continue to go up, that's just a waste of taxpayer money," Liu told The News.

Public Advocate Bill de Blasio, who is also running for mayor, renewed his call for an inspector general to oversee the NYPD.

"An IG would ensure accountability and transparency, and would be uniquely positioned to review cases like these and discover the truth," de Blasio said.



199 Water Street  
New York, NY 10038

CONFIDENTIAL LEGAL

1 876 61 3333

Mr. James (Case)  
241-13-104795  
APMC  
18-18 Hazen St.  
Rivers Island  
E. Elmhurst, NY